



Dear Faculty and Staff:

The Salt Lake Education Foundation looks forward to joining with you as we partner to assist the children of our district. Through your generosity, along with other community partners, we provide family assistance and program support to our students. We are pleased that we are able to provide financial support in the Salt Lake City School District to a wide variety of activities that otherwise would not be funded by tax revenues. We ask that you consider a payroll deduction, or a one-time donation, to support the program of your choice:

- **Area of Greatest Need**
- **Community Learning Center Initiative**
- **Family Support Initiative**
- **Fine Arts Initiative**
- **STEM (Science, Technology, Engineering, & Math) Initiative**
- **Teacher Recognition Initiative**
- **Intended for a Specific School**

Your support furthers the Salt Lake Education Foundation's vision. **No overhead or administrative expenses are taken out of your contribution.** You may donate to the foundation at any time during the year, but to begin payroll deductions in January, your pledge should be received in our office by December 20. For more information, please call 801-578-8258 or 801-578-8346.



Lexi Cunningham
Superintendent



Michael Williams
Executive Director

Please fold this form so the return address is on the outside, tape shut, and return via District Mail.
**If donating by check or money order, please see instructions in the "Check" column below.

I WOULD LIKE TO CONTRIBUTE TO (select one or more of the designations listed below)

Area of Greatest Need	\$ _____
Community Learning Center Initiative	\$ _____
Family Support Initiative	\$ _____
Fine Arts Initiative	\$ _____
STEM (Science, Technology, Engineering, & Math) Initiative	\$ _____
Teacher Recognition Initiative	\$ _____
Intended for a <i>Specific School</i> _____	\$ _____
Purpose _____	_____
TOTAL: \$ _____	

HOW DO YOU WISH TO CONTRIBUTE? (choose from the following options)

Payroll Deduction

Beginning _____ please deduct:

\$ _____ pay period

X _____ (# of yearly pay periods)

\$ _____ Total contribution

Indefinitely

Name

Employee #

Signature Date

(Your signature and employee # are required)

Online Giving

Accepting: American Express

Visa

MasterCard

Discover

Visit our website at:

saltlakeeducationfoundation.org

Select "Donate"*

**a small service charge will be deducted from your contribution*

Check

\$ _____ One time contribution

Make check or money order payable to: **SALT LAKE EDUCATION FOUNDATION**

**Please mail your check or money order with this document in an envelope to:

Salt Lake Education Foundation
440 East 100 South
Salt Lake City, UT 84111

Please fold and return in District Mail to:

SALT LAKE EDUCATION FOUNDATION
ANNUAL GIVING CAMPAIGN
ADMINISTRATION BUILDING